


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006585	
1. Entity Name OLD JUPITER SCHOOL TASK FORCE, INC.	

Principal Place of Business BERROCAL & WILKINS, P.A. 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458	Mailing Address BERROCAL & WILKINS, P.A. 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458
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01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1283819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERROCAL, CARLOS
801 MAPLEWOOD DRIVE
SUITE 22-A
JUPITER, FL 33458

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERROCAL, CARLOS 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNY, STEPHEN 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVES, ROBERT 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458
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01/30/08-80091-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Robert B Rives Robert B Rives 1/24/08 561-746-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #